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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

JULY, 1919

O. C. WELBOURN, A. M., M. D., Editor
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In pneumonia the inspired air should be rich in oxygen and comparatively cool, while the surface of the body, especially the thorax, should be kept warm, lest, becoming chilled, the action of the phagocytes in their battle with the pneumococci be inhibited. The application of cold to the chest wall drives the blood from the superficial circulation to an already congested lung and encumbered heart.

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applied warm and thick over the entire thoracic wall, relieves the congestion by increasing the superficial circulation. The cutaneous reflexes are stimulated, causing contraction of the deep-seated blood vessels. The over-worked heart is relieved from an excessive blood pressure; pain and dyspnea are lessened, the elimination of toxins is hastened and the temperature declines. The patient is soon in a restful, natural sleep which often marks the beginning of convalescence.

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SUMMARY OF REPORTS
FROM ONE THOUSAND PHYSICIANS

Remedies named as most useful in INFLUENZA		Remedies named as most useful in PNEUMONIA	
Aconite	788	Bryonia	723
Gelsemium	772	Aconite	617
Bryonia	707	Veratrum	576
Macrotys	384	Lobelia	468
Veratrum	353	Ipecac	411
Eupatorium	328	Asclepias	366
Lobelia	324	Gelsemium	293
Asclepias	268	Belladonna	169
Ipecac	236	Sanguinaria	134

Many physicians found it impossible to name **any** remedy as of "most importance," stating, very truly, that **each** is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. **For example,** "Gelsemium is most frequently indicated, but where **sepsis** is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for **three** remedies—Gelsemium, Macrotys and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotys for muscular soreness."

EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

It is often stated: "When I cannot get Libradol I use the best attainable substitute," hence many of the above may be considered as emergency applications.

Respectfully,

LLOYD BROTHERS.

Cincinnati, Ohio, March, 1919.

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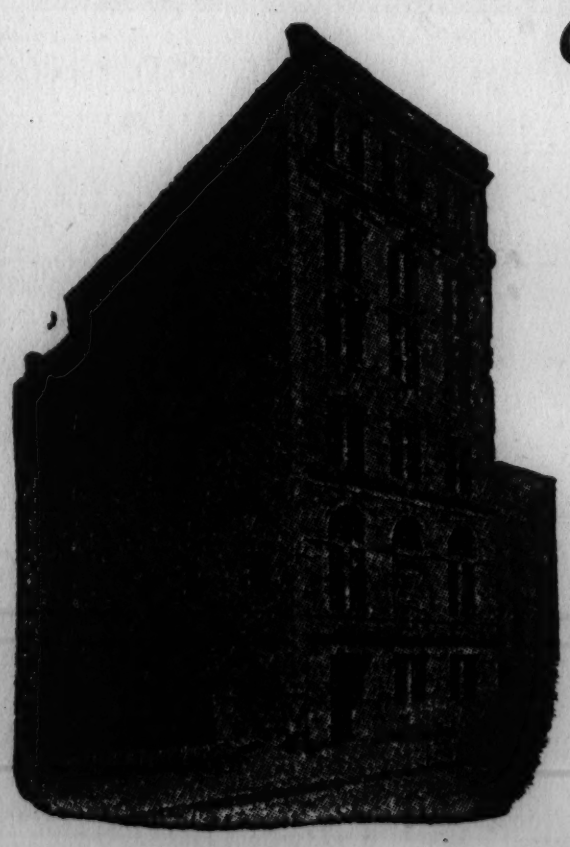
CINCINNATI, OHIO



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The California Eclectic Medical Journal

Vol. XLVII JULY, 1919 No. 7

Original Contributions

REPORT OF POST INFLUENZA APPENDICITIS. INTERMESENTRIC VARIETY

T. C. Young, M. D., Glendale, Cal.

Read before the California Eclectic Medical Association.

The case I am about to describe was very interesting from several angles. The case originally was a simple case of influenza (intestinal variety) in a boy sixteen years of age. In the course of the disease his temperature ranged from 101 to 104⅔ degrees for four or five days. Patient had considerable gastric symptoms, such as no appetite, nausea, and a very much coated tongue, and bad breath. Urinalysis showed considerable indican, this soon cleared up after a thorough cleansing of the large bowel. I followed up the usual treatment for influenza, the patient's temperature gradually subsided and returned to normal in every respect, except the tongue, this did not clear up very well. At the end of the tenth day he was allowed to get out of bed, on the eleventh day he sat at the table to eat with the family. That evening he developed a severe pain in the region of the pyloric end of the stomach, followed by vomiting. The next morning soreness developed in the right iliac region and right rectus contracted, at this time vomiting and paroxysmal pain had ceased. The pulse was very rapid and thready which denoted an involvement of the peritoneum. I immediately made a diagnosis of appendicitis. The variety I was unable to determine. When ever I have a case where the pulse and tongue indicate toxicity and peritoneal irritation I always think of two conditions, one is gangrene, the other is perforation.

I took a blood count thinking perhaps that might help the diagnosis of the condition. I found a decided leucopenia, that no doubt had been produced by influenza: To confirm my

diagnosis as to the possibility of appendicular involvement I found extreme tenderness at the 1st, 2nd, and 3rd, lumbar vertebra which never fails me in diagnosis of appendicitis. In this case, due to the clouded clinical symptoms, I thought it wise to operate and not take a chance of a possible peritoneal complication which with the weakened condition would have cost him his life. I saw the case at 10 a. m. and operated at 9 p. m. On opening the abdomen and delivering the dependent portion of the caecum, I found no appendix, this gave me some what of a disappointment, but on farther examination up the caecum I could palpate a peculiar dumbbell shaped mass behind the caecum between the two layers of mesentery, this I recognized as being the appendix, so I divided the fraenum of the caecal mesentery and turned out a beautiful specimen of gangrenous appendix. This type had never been seen before. I removed it in the usual manner and closed the mesentery with plain catgut sutures.

I wish to mention that while I was in the abdomen I noticed a very interesting thing, the lymph nodes of the mesentery of the ileum were all enlarged, also that Peyer's patches of the intestinal tract were palpable giving a picture of a typhoid state of the intestinal tract. I also wish to state that the bacteriological findings in the appendix were, strepto coccus, staphyloccus and colon bacilli; whether any of these bacilli were responsible I will leave that for the reader to decide.

The patient was operated upon in the Thornycroft Hospital, Glendale, California. He left the Hospital on the tenth day and made a favorable recovery.

HYDROTHERAPHY IN TREATMENT OF COMMON COLDS

Frederick W. West, M. D., Los Angeles

Read before the California Eclectic Medical Association.

Of all the diseases that man is heir to, the common cold takes the lead. Everybody knows—or thinks he does—just what a cold is; but not even the profession are all agreed as to the exact nature of this common disturbance. Is it a local condition with general symptoms, or a general condition with localized symptoms? Is it a germ disease which has made infection possible? The reason given for this variety of opinion is that all colds are not caused in the same way.

The most common factors that cause any particular cold

may have had its origin in the change of the weather, exposure to a draft, change of clothing, dietary indiscretion or exposure to infection during an epidemic of colds. A cold usually starts in the mucous membranes of the air passages, accompanied by more or less local inflammation, and exhibiting such local symptoms as irritation, sneezing and coughing and alteration of the secretions; while the general symptoms, if there be any, will be manifested by chilliness, slight rise in temperature, malaise, headache, loss of appetite, constipation, etc.—these symptoms, may, sooner or later, pass on down the respiratory tract and terminate in a bronchitis or some other bronchial affection.

Unfortunately, colds are given but little regard and most often little or nothing is done in the way of prevention or treatment; however, when something has to be done, the individual usually resorts to some superstition, as carrying a potato in the pocket, or else seeks a drug store prescription or patent medicine, but when these fail he finally goes to the doctor.

The importance of looking after a cold may be found in some of the following conditions; if it is cured or wears itself out in a few days no permanent deleterious results remain, but when it hangs on for a considerable period every attack is bound to leave some permanent effect upon the mucous membrane which renders the patient more liable to future attacks.

Colds may be followed by grave complications. Some of the minor sequelae that follow are muscular rheumatism, lumbago, stiff neck, and bronchitis. Infective germs are widely scattered and some, more or less, can be found in the mouth at all times. The pneumonia germ thrives in the mouth just as easily as any other and only needs, perhaps, a severe cold to pave the way that it may accomplish its deadly work.

Tuberculosis, another grave disease may become active after a cold; vast numbers of people are infected with this disease but do not know it as their resistive powers have held it in abeyance and no symptoms shown; but the neglected cold having broken down the resistance, the patient at last learns he is stricken down with the most dreaded of diseases.

Colds may be followed by such local troubles as inflammation of the sinuses of the head, otitis media, chronic nasal catarrh, adenoids, or serious heart and lung affections. Another important fact is that some of the gravest of children's diseases begin in a manner not easily distinguishable from an ordinary cold, among these may be mentioned whooping cough, measles, scarlet fever, diphtheria and pneumonia.

These few diseases alone are sufficient reason why every supposed cold should be regarded with suspicion.

There are numerous explanations as to the why of a cold: In general, it may be said that colds are the result of a number of causes or factors acting together and it is reasonably safe to say that no one factor alone causes the disease; these factors must co-operate or else the defensive forces of the body prevent it. Every disease as a rule has two causes assigned to it: predisposing and exciting; what, then, are the different factors, or conditions, that help to produce colds?

Grouping these under three general heads may give us a better understanding, and while all three usually contribute to the onset, yet only two may be the cause.

1. Predisposition to colds—The result of bad hygiene, wrong habits of eating and dressing, overheated rooms, poor ventilation, excesses, anything that tends to debilitate the body. Malformation of the nose may provide a favorable place for the growth of germs, many constant and recurrent colds have been cured by surgical intervention.

Decayed teeth, and diseased gums and tonsils together with chronic catarrh are also predisposing factors.

2. Circulatory changes—Any interference with the normal flow of blood through any given area where congestion or anemia may take place simply paves the way for a cold to take root; such pathological preparation may be due to the following causes: improper dress, exposure, changing clothing at the wrong time, sudden changes in the weather, drafts, sitting on cold surfaces or damp ground, vigorous exercise producing perspiration without proper protection thereafter, and such like.

Although one may be able many times to disregard and violate the above causes, sooner or later he falls victim to such indiscretion and pays the penalty whatever it may be.

3. Germs—This factor is particularly noticeable in epidemic colds, when, on account of the increased virulence of the germs, it may become the principle factor. During an epidemic, some who are not ordinarily subject to colds, may be overcome by this increased virulence and thus fall a victim.

Probably in most cases all three of the above headings enter into the cause of a cold; it is thus sometimes hard to understand why we take cold when we are 'sure" we have not been so indiscreet as to expose ourselves to any of the above causes.

Prophylactic Treatment.

Predisposition should be lessened as far as possible and

measures directed along the line of the three causal factors, the nose and throat membranes being put into healthy condition by treatment or operation. Faulty habits of eating, dressing, housing, bathing, and all excesses should be corrected, making the life as nearly normal as possible. Food, a very important factor, should be well balanced, that it, the protein, fats and carbohydrates must be in the right proportions for ingeston or else the diet becomes one sided. Excessive use of denatured food, such as white flour, cane sugar, white rice, etc., in which the best part has been left out, should be guarded against.

Overheating or drying out the house subjects the individual to exposure when he leaves, the mucous membrane becoming affected when coming in contact with the sudden change of temperature. The room temperature should be kept somewhere around 65 degrees to 75 degrees during the winter, if the air tends to get dry a vessel of water may be placed on the stove, this will furnish enough moisture to keep the air moist.

Clothing, perhaps, may be the prime factor in bringing cn a cold, exposure or indiscretion which may cause an unbalanced circulation, may be entirely due to changing at the wrong time from summer to winter underwear or vice versa sitting in a draft, vigorous exercise, or neglecting to change clothing when wet.

Precaution against coming in contact with virulent strains of germs should be observed; in time of an epidemic of colds or other similiar diseases, germs are constantly being thrown out into the air by the breath or by coughing and sneezing, this renders it important that one should avoid crowds, especially the individual who already has a cold. Proper hygiene to the nose, throat and mouth, using mouth washes and cleasing sprays enables one to keep the number of germs reduced to the minimum.

But when a cold appears, the first thing to do, is to endeavor to break it up in the very beginning, applying immediately, and vigorously, appropriate remedies, if this is properly done, the cold may be aborted and no after effects noticed. Unfortunately, the first appearing symptons either do not make any perceptible impression on the individual or else he postpones treatment till some more convenient time; delay is unwise, and if the golden moment is allowed to pass, abortive treatment may be of no avail and that which is begun later will probably not be so successful either.

With a determined attitude of mind at the start of a cold,

before any material tissue changes have taken place, one can wonderfully raise his resistive power against disease if some vigorous active exercise is taken, such as brisk walking, running, swimming, calisthenics, etc., this secures a restoration of the circulation to the affected part; the exercise is best followed by a full warm bath, and a vigorous towel rub.

When there is irritation of the nasal passages it is a decided advantage to use local sprays, for this purpose an alkaline antiseptic solution may be used, followed by an oil spray containing camphor and menthol or some other equally good combination.

Hydropathic Treatment

In order to make this kind of treatment practical only that which can be given in the home will be mentioned.

The necessary articles needed, are a foot tub, pail, turkish towels, rough cloth mittens, two woolen blankets, one sheet and four fomentation cloths, cut from a blanket, size about three feet by three and one half feet; all may be obtained at the patient's home, except, perhaps, the mittens and the fomentation cloths which you should bring with you as the patient usually does not possess such things.

1. Fomentations to chest and hot foot bath.

Patient in bed, both feet in tub of hot water, 105 degrees temperature, during the time fomentations are being applied. To make fomentation, fold one of the clothes from side to side to make three thicknesses, take by the ends and let down into a pail of boiling hot water to within three inches of the fingers, wring out as dry as possible and spread quickly inside of another fomentation cloth that is dry, cover by folding the dry cloth over it, the fomentation is now ready to lay on the patient; the chest being the area to be heated, lay the cloth crosswise, one edge coming up under the chin and the other down to the end of the breast bone. This cloth should be changed every three or four minutes till three or four changes have been made, the last one being followed by a cold towel sponge. Feet should now be dried. If desired, the patient turn over on face and fomentation applied to the back full length. Patient should remain in bed under cover until cooled off and perspiration ceased.

2. Hot blanket pack for sweating.

Lay one double blanket flat out on bed, fold other double blanket from side to side till it is convenient to wring (takes two to do this) let it down into a large bucket of boiling hot water all but the ends, begin twisting in opposite direction

till you can't twist any more, then lift out of bucket and both pull, this wrings out all surplus water; spread out quickly on top of dry blanket, spread sheet in like manner over this and have patient lay down on top, fold both sheet and hot blanket snugly around, tuck in feet and arms and lastly bring up the dry blanket from both sides to cover over all. Put cold cloth on forehead. Remove patient in from 15 to 25 minutes, uncover and dry one limb at a time, lastly chest and back. Keep covered until cool.

Hot tub bath for sweating.

Full tub of warm water 100 degrees, patient in up to neck, cold cloth on head, gradually increase temperature till water is 105 degrees, leave patient in till he is sweating good (10 to 12 minutes) then gradually cool down water. Get patient out and dry off quickly.

4. Half hot bath.

Where cold is in the head only, producing headaches and congestion, a half hot bath will draw away this congestion. Fill tub with enough hot water so that it will just cover the legs when sitting down in it, increase temperature of water as desired, put cold cloth around head and shoulders with Turkish towel for protection.

Fifteen minutes is long enough treatment.

5. Cold mitten rub.

Fill pail about one half full of cold water, put in a good sized piece of ice. Patient all undressed lying face up in sheet and covered by it, put on mittens, patient holds one arm straight up, dip mittens in water, then rub up and down till skin reacts and becomes red, dry arm with turkish towel, then take other arm and repeat the operation, the legs next in the same order, then the chest and lastly the back. This treatment produces a good reaction and raises resistance. Towel may be used in place of mittens.

6. Cold wet sheet pack.

Lay out both double blankets, one on top the other, wring a sheet out of cold water and spread it out upon the blankets, have the patient lie down on the sheet face up, fold the sheet around him snugly and then both blankets, sheet very quickly becomes warm and in about twenty minutes a light form of sweating takes place; remove patient in twenty to thirty minutes and dry off.

There are modifications to all these treatments but if the operator confines himself to the above technique, he will very likely get just as good results as any bath establishment could offer.

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DRUG HABITUE

Once in while we hear a person spoken of as without "bad habits," and the idea conveyed is that he is quite an exceptional individual. From a moral point of view man indulges in a great variety of bad habits, some of them being extremely vicious, and not the least of these being the drug habit. If we use the word drugs in a broad but accurate sense and include alcoholics, coffee, tea and tobacco, it at once becomes apparent that the majority of Americans are drug habitues. In fact these articles are in such common use that they are scacely thought of as drugs each with its powerful and distinctive action. In recent years there has developed a sentiment which has enacted laws designed to stop the general use of the most harmful of these drugs, namely, alcohol. Logically coffee, tea and tobacco should have been forbidden, also; for no one denies that they are harmful and habit forming, moreover anyone who has broken himself of such a habit, after it has been well established, realizes fully that to do so is no slight task. Just what the effect the abolition of alcoholics will have upon the so-called "minor drug habits" can

not be positively stated, though dealers generally believe that there will be a marked increase in consumption thereof. And we may assume also that there will be a greatly increased demand for those "major habit forming drugs" such as cocaine and opium with its derivatives. Doubtless the Government will be increasingly active in the prevention of the traffic in these drugs, for to change a drug habitué from alcohol to opium would be to cure him with a vengance. "Verily his last condition would be worse than his first." And, whether or not, we individually approve of the present prohibition laws, it behooves us to see to it that we do nothing to augment the latter danger. In this sense at least a medical man is his brother's keeper and his responsibilities are great indeed. We suggest that he immediately take his alcoholic patients in hand and help them over the rough road ahead. They may not appreciate it now but they will do so later. Anyway, they will need help and that is a good and sufficient reason.

AYURVEDA: THE MEDICAL SCIENCE OF INDIA* ITS SCIENTIFIC STUDY AND PRACTICE

By Popat Prapbhuram, L.M.S.

Principal, Prabhuram Ayuvedic College, Bombay

Necesity of supplying qualified Ayuvedic help.

The British rule in India has brought to it the advantages of Western Medical Science, with its everyday progress and new developments. Colleges and Schools have been established in different parts of the country, to teach that science,

*When committees have been established to investigate Ayurved (the Indian Medical Science) in different parts of India by local governments, and at the same time when there is so much heart burnings in certain quarters to belittle its just claims, it will not be out of place to give some definite proofs of the scientific thoroughness and systematic bearings of the science. This article is an attempt on the line. Much more could be said, as further proofs of the same, if one proposes to enter into scientific discussion separately of each medical subject mentioned in Ayurved: but for a layman, that is, one who has not studied Ayurved as a science, and has taken up the responsibility of passing an opinion about it (and to this category we cannot but include Colonel Sutherland whose knowledge of Ayurveda depends on a book which is no better than an advertising medium), the present article will be quite sufficient to induce him to withhold with justice an opinion condemning the only healing art taken advantage of by scores of poor Indian people (and those who as a last resource, after having tried all pathies, come and find a relief) as unscientific and unsystematic, and thus giving a deathblow to a most useful Indian Science.—Editor.

its theories and practice. Best men of Indian Medical Service, best graduates of these colleges and schools, and best practitioners of other Western Medical Universities are dispersed all over India doing their useful work of healing art. Notwithstanding this, there is a large number of British subjects, not only the uneducated masses, but also the educated and the civilized, who prefer to be treated according to the Ayurvedric theory and practice of Medicine, a science existing in India from times immemorial, as is seen from its history and the history of the country. This Ayurvedric Science has been known to have done good to thousands, and to be doing good to thousands even at the present times. It becomes obligatory therefore both on the Government as well as the public, to supply qualified Ayurvedric help to these men, by encouraging the scientific study and practice of this system of medicine, and supporting institutions established to teach the science both theoretically and practically.

It is very painful to note that most unreasonable efforts are being made in some directions, without knowing the scientific thoroughness and systematic bearing of Ayurved, to lower its importance, and put to ridicule both the science and its practice. This procedure not only injures the feelings of men honestly and scientifically carrying on their useful work in the public, but also produces a sense of pain in the hearts of those, who solely depend on Ayurved for the cure of their ailments.

Study of Ayurved both scientific and systematic.

The study of Ayurved is a hard study, if properly carried out, both scientific as well as systematic, and in no way inferior to the studies of western medical science. It has its medicine, surgery, midwifery, hygiene, toxicology, bacteriology, chemistry, botany, pharmacolgy, materia medica, anatomy and physiology, and students have to acquire a thorough knowledge of these subjects before they begin their practice.

Ayurvedic medicine.

Ayurvedic medicine is a vast branch of Ayurved, full of means to come to a decision as regards clinical examinations, signs and symptoms of disease, and a perfect diagnosis. Ayurvedic scientists have a double diagnosis. Diagnosis of the disease itself as is done by western scientists, and an extra diagnosis of the disorder of the humour Vata, Pitta, or Kafa in connection with the disease. With the assistance of this, Ayurvedic treatment, in even most serious diseases, is many times very simple. A germ fever—for instance, malaria—is diagnosed as that particular fever by observing its signs and symptoms,

learning from the patient the history of the case, and in some cases examining the blood also, to come to a definite diagnosis; but according to Ayurvedic science that diagnosis is not perfect. There are sufficient grounds to say so, when one sees that although quinine is accepted as a specific for malaria, even if a case is diagnosed as that of malaria, quinine sometimes is not able to cure that case—nay, with every dose of quinine the patient gets worse. One can reasonably ask here as to where does the fault lie? To say that quinine did not agree with the patient, or he could not bear it, is not a scientific solution of the problem. The Ayurvedic science throws light over this. The theory of Vata, Pitta and Kafa plays a very important part in the matter. According to this theory quinine is a drug which aggravates the humour Pitta in the system, and if a person suffering from malaria with the humour Pitta predominant in him is given quinine, all the symptoms of the disease are sure to aggravate, and if the treatment is obstinately continued, the patient may die. Such deaths are known to every practitioner. The only way to cure such a patient is to give a drug which will alleviate the predominance of Pitta in the system, with quinine, or without it, if that drug is an antimalarial. In this little change will be found a magic cure for the disease. This is not a cure by a fortunate combination of circumstances, as is believed by some, but a true scientific cure. If cases after cases have thus got well, simply by keeping in mind the theory of Vatta, Pitta and Kafa and treating patients accordingly, one cannot hesitate to accept both as a scientific and a systematic way of treatment.

Ayurvedic medicine as stated in standard Ayurvedic works of Charka and Vagbhatta has all its scientific bearings, the causation, signs, symptoms, diagnosis, prognosis, and treatment, and the diseases are the same as those mentioned in the best works of western scientists.

Surgery.

Going to Surgery, one can at once see that if proper state aid was at the disposal of the workers in Ayurved, the science would have been carried side by side with the western advancements, to its highest pitch. To prove this, one has only to refer to the pages of Sushruta, written years back, and read some of the surgical operations, out of many that are mentioned there. In Chikitsa Sthana Adhyaya 7 of the work, the author describes the operation of Lithotomy for removing stone from the bladder, and one is surprised to see that all the stages described in the operation, closely correspond with the stages described in every standard text book on surgery taught

at present in Government colleges, not even leaving the most minute directions as regards posture of the patient, cleanliness to be observed, fixing of the stone, removing of the nails, and the size, direction and the situation of the cut. Great advancement has been made in this branch in the western science under state aid, and there is no reason why the eastern scientists should not take up what is wanting in them from their western brethren, in a true scientific spirit.

Midwifery and diseases of women and children.

Going to the subject of Midwifery, the signs and symptoms of pregnancy, normal and difficult labours, with disorders of the pregnancy and diseases of women are so well described, and means for their prevention with the care of the infant after birth are so scientifically mentioned that had there been at the time when these works were written the art of printing existing, each word of the verse, which carries when analyzed an extensive meaning, would have been the nucleus of a full chapter in the book.

Hygiene and Bacteriology.

The subject of Hygiene again is mentioned at great length. Not only there is the general hygiene, but personal hygiene as well as full directions for prevention of several diseases occurring in different seasons, are described at great length, which assists one who follows the rules laid down there to lead a very healthy life and guard against several kinds of epidemics. Bacteriology also is a part of the Ayurvedic science mentioned in Vimana Sthana of Charaka, and the author has explained there the germical origin of several diseases occurring as epidemic or endemic.

Medical Chemistry and Pharmacy.

Coming to the other subjects in Ayurvedic science, we have Medical Chemistry where Sharangdhara, Rasa Ratna Sammuchaya, and Rasa Ratnakara take leading part. The chemistry of Ayurved is purely medical, and the several combinations and the ways of preparing different Rasayanas, Bhasmas, Upabhasmas, and other preparations which come across a student of chemistry and pharmacy, are very interesting. Mercury, which was some years back considered to be a poisonous substance by the western scientists, is for a student of Ayurved a special subject of study, and its combinations with sulphur, and its prominence in several compounds which are proved to be most efficacious, show the real value of the drug. Gold was considered to be a substance by western scientists insoluble in the juices of the stomach, and therefore incapable

of assimilation in the body. The same gold, in the form of Suvarna-Bhasma, Raj-Mrigank, Suverna-Parpati, Suvarna-Vasant and Poorna-Chandrodaya Rasa, has been known to work wonders as medicines in Ayurved. These are drugs which are commonly used by Ayurvedic practitioners in diseases like neurasthenia, consumption, sprue, chronic diarrhoea, long continued low fevers, atonic dyspepsia and others. It is worthy of note that western scientists, who only a few years back, laughed at some one prescribing gold, are now giving it as a tonic, blood purifier, and nerve vigorator in the form of Arseno-Aura, Gold chloride, Auri et sodii chloridum and other combinations. Ayurvedic practitioners giving Abhraka Bhasma in tubercular diseases is nothing else but calcium, silicon, magnesium and iron, of which abbraka is composed, and which are generally the ingredients of prescriptions, used by western scientists in such diseases. Further, when we go to the vegetable kingdom, we come across innumerable medical drugs of highest value in medicine, either alone or in various combinations, each preparation having its therapeutic value fully described. Efforts on the part of the government for the government for the purpose of scientific pharmacological research of these drugs to fix their therapeutic value is welcome, though it is noteworthy to find that the results thus arrived at quite correspond with the therapeutic values of the same drugs described in Ayudvedic works, proving beyond doubt that the ways in which the Ayurvedic authors fixed them were quite scientific.

Medical Botany.

Medical Botany is a very important branch of Ayurvedic science. In the western medical teachings the study of botany is abolished. Graduates of the Government medical colleges are unacquainted with the practical study of the source and natural forms of the drugs they use. The study of this branch of Ayurved is very much cultivated, and each Ayurvedic practitioner, before he passes his examination, has to get himself acquainted with the full knowledge of these vegetables in their crude as well as green form.

Anatomy.

A student of Ayurved has to master his Anatomy well. The study of anatomy requires dead bodies for dissection and a proper place to do it. If such dissections are not carried on in Ayurvedic schools, it is not because they do not consider them to be necessary, but because the means and place required for the purpose are not at their disposal. But in the absence

of dissections, the study of the subject is made as substantial as possible by showing to the students actually dissected parts, real organs of the human body, plaster-of-paris anatomical specimens, anatomical atlases and other necessities, till the time when the question of money and place could be solved and convenience for actual dissections could be made.

Materia Medica Therapeutics and Pharmacolgy.

Materia Medica, Therapeutics and Pharmacology again are very vast and important subjects of study for an Ayurvedic student. The pharmacology as mentioned in Ayurved is scientific and ingenious. Several tests are to be applied to the drug in question and particular results of the tests are to determine the particular therapeutic value of the drug. It is worth-while mentioning here that the therapeutic values as described in standard Ayurvedic works, of drugs that are at present used by western scientists have, even after their pharmacological tests, remained unchanged unless the mode of preparation is so altered as to materially affect their active principles.

Physiology and the Theory of Vata, Pitta and Kafa.

And now remains the important subject of Physiology, the healthy functions of different organs of the body. Here not only descriptions of the functions of the organs are given, but the Ayurvedic scientists have gone a little further and propagated the theory of Vatta, Pitta and Kafa, the three humours prevailing in the body. These humours are the result of individually normal and ordinarily sympathetic working of different organs together in a particular person. Predominence is generally taken in an individual by a particular humour, and the symptoms of that humour, in the form of the temperament of that individual, are always manifested in that person. This temperament remains permanent in the person and is generally hereditary. Hence we have families with Vata temperament, Pitta temperament and Kafa temperament as the result of predominence of these particular humours in the members of those families.

Importance of the theory in Ayurvedic practice.

These humours may remain normal or may be abnormally increased or decreased, owing to different circumstances in an individual, and that gives different colours to the diseases by which the individual may be suffering. This explains the existence of certain unexpected symptoms during the course of a disease in a patient. In cases of Pneumonia, some die of delirium, some of heart failure and some of asphyxia. Why? In

the same disease the symptoms at several stages in different patients are not the same. Why? Why should they change? This is scientifically explained by adopting the theory of Vata, Pitta and Kafa. The abnormality of different humours, predominant in different patients at a particular stage of the same disease produces different symptoms in the same stage of the same disease in different patients. This consequently suggests particular changes in the treatment. The Ayurvedic doctor has thus, extra to the treatment of Pneumonia, to add drugs to counteract the effects of the abnormal conditions of the humour predominent in the patient at the time he begins treatment, and has again to make changes in the prescriptions according to the changes in the humour at several stages of the disease. Thus the Ayurvedic treatment can never be empirical. Slightest change in the humour, manifested by the least change in the pulse or symptoms in a particular patient attacked with a particular disease, is an indication for a Vaidya to prescribe appropriate drugs at the time, thus saving the patient from more serious future developments. This, in initial form, is the theory of Vata, Pitta and Kafa, and its importance in the Ayurvedic practice.

A most trustworthy idea of the scientific and systematic, as well as theoretical and practical study and practice of Ayurved can thus be formed; these studies are, according to means at disposal by the bedside of the patient, in an operation theatre, in a lying-in-ward, in bacteriological, anatomical, physiological, pharmaceutical and chemical get-ups, and for medical botany by excursions in jungles and gardens, thus getting the required insight in those subjects. The studies are modernized at the same time, according to the present day requirements, by necessary information of the everyday progress of the medical science in the world.

Ayurvedic practitioners, their prestige, and a most desirable result.

If men with such learnings in Ayurved go out for practice nobody would be justified in lowering them and their science in the estimation of the public. To produce such practitioners, institutions have been established in chief towns of India, not with the least idea of any antagonism against the western system of medicine, but with a bounden duty to supply qualified Ayudvedic aid to those who stick to Ayurved only. In this most dutiful, but at the same time very hard work, encouragement and sympathy of the Government in the way they please to give are earnestly solicited, which, if given, these qualified Ayurvedic practitioners, understanding the full value

of western medical science and its scientists, will form, if their prestige is kept up, a connecting link between the most modern progress of the medical science in the west, and the most orthodox views about it in the east, and while carrying on their useful work honestly and scientifically, will uphold the western medical science with a true scientific spirit and displace the irresponsible quackery going on under the guise of Ayurvedic practice.—Indian Medical Record.

SCOPOLAMINE-MORPHINE AMNESIA IN LABOR

W. R. Livingston, M. D., F. A. C. S., Oxnard, Cal.

This term includes several more or less distinct procedures:

1st. The individualization method of Gauss.

2d. The experimental fixed dosage scheme of Seigel.

3d. The combined dosage, as in the HMC tablet.

In the series now reported, I have used the Gauss method only. In the Seigel method as I observed it at Freiberg, many women seemed too deeply narcotized. I believe this has been the general experience. With the HMC tablet there is a distinct danger from the morphine given late in the labor.

I will not attempt to describe in detail the management of these cases by the Gauss method. It has been often published and is readily accessible. I will confine myself to a consideration of the results obtained as we have observed them. One point of treatment developed asthe result of experience might be mentioned; in cases admitted after hard labor has already begun, or in the presence of initial excitement or fear, we do not hesitate to relax the patient by the use of an inhalation anesthetic. In these cases the amnesic condition is thus more readily and quickly induced, and the labor then proceeds under the injections alone.

Since my return from Freiberg, in September, 1914, I have attended, chiefly in St. John's Hospital, Oxnard, 275 cases of delivery under scopolamine-pantopon amnesia. While I have had no accidents in the cases that were not in the Hospital, none of them has been ideal. The necessary quiet and isolation cannot generally be obtained in private homes. The procedure should, therefore, be considered strictly a hospital method. I am sure, also that even in a hospital, the results will be in direct proportion to the approach to ideal conditions there. For instance, a delivery room in common with other cases will almost preclude successful amnesia.

I believe our good results have been due largely to:

1st. An isolated delivery room, in which the patient remains during the whole period of labor.

2d. The enthusiastic cooperation and unremitting care of the Sisters and of the nurses of St. John's Hospital.

3d. That a nurse, employed for the purpose, has remained in the delivery room throughout the whole of almost every delivery.

Average duration of labor after pains have begun to be regular was ten hours and ten minutes, longest forty-six hours. The average time from the first injection to delivery, seven hours. The longest was twenty-six hours.

It has been our experience that the average duration of labor has not been lengthened. The first stage in primiparae is certainly shortened. Under scopolamine the cervix is soft and the tight cervical ring of the ordinary labor was generally absent. The uterine contractions are not so violent, but the relaxed condition of the cervix causes a decreased resistance to expulsion.

Vaginal examinations were infrequent, and I have no reliable data of the duration of the second stage. Entirely unassisted, it would probably be prolonged. There is an absence of the violent expulsive effort of the ordinary labor There is also a relative absence of resistance from tension of the soft parts of the mother. The presenting part of the child is therefore under the control of the operator to a remarkable degree. Pressure on the fundus, or against the perineum, will stimulate expulsive effort, while a slight pressure on the presenting part will retard progress.

The third stage seemed to be uninfluenced.

There were no cases of postpartum hemorrhage. We are sure, therefore, that with reasonable care this danger is not increased by the procedure. No anesthetized patient should ever be left alone. Under scopolamine the woman is also unconscious, and unable to give notice of hemorrhage. A nurse remains with the patient constantly for two hours following delivery. This precaution, with care in the delivery of the placenta, may explain our freedom from this complication.

The scopolamine used has been the "stable" preparation of La-Roche. The first 200 ampoules, I brought with me from Freiberg. Later quanities have been purchased in New York. I believe the supply now comes from Switzerland. It is with this preparation that the later good results at Freiberg have been obtained. The warning against the use of decomposed solutions has been so repeatedly justified in experimenting

with other preparations. I have noted that in the published reports in this country which condemn the use of scopolamine, other and possibly decomposed, solutions have generally been used. Each ampoule contains 1.2 c.c. of a strength of 1-200 grain to the cubic centimeter. Average number of ampoules used in each of the last 160 cases was 3.37. Greatest number in any one case was eight, in which the amnesia was twenty-six hours' duration.

Narcophen was used in the early cases. When this was no longer obtainable we substituted pantopon. If any difference was noted, it is rather in favor of pantopon. We think the sleep comes a little quicker, and there have been fewer cases of delayed breathing. The latter may, however, be due to better management from increased experience. The greatest amount in any one case was 3½ ampoules. More than one ampoule was used in 16 per cent. of the coses.

Pituitrin was used in 22 per cent.; in all cases with the cervix fully dilated and the head low. Generally 0.5 c.c. was used. Among the mothers there were 54 per cent. primiparae, 46 per cent, multiparae, and fifteen mothers had amnesia twice, while one mother had amnesia three times. The average age was twenty-eight and one-half years; oldest forty-six years.

There was no maternal mortality. Only two are not now alive. One was murdered ten months after delivery, one died eight months after delivery in convulsions from a pyonephritis complicated by mitral regurgitation, both of which long antedated the confinement.

There were no infections of the genital tract or at the site of the injections.

There were no cases of insanity. One case is most interesting.

After each of four previous confinements, the woman had been insane for from one to four months. In two of these confinements I was in attendance. Then followed two twilight deliveries, in neither of which was there any mental disturbance. In November last, in my absence, she was delivered without amnesia, and insanity followed, as it had in the former labors, but to a lesser degree.

Four other cases were especially urged to have the amnesia, because of their marked neurotic disturbances, following former labors, but not to the degree of actual insanity. All of these were carried through under scopolamine amnesia without nervous shock or the recurrence of the nervous symptoms of their previous labors.

In a search of the literature, I have been unable to find any series in which the number of insanity cases following

scopolamine amnesia has been above the normal; yet no other objection has been so persistently urged. Scopolamine amnesia may not be able to prevent **all** cases of insanity, but our experience seems to show that in lessening the shock that trips an unstable nervous system, it saves many who would become insane from ordinary labor.

Forceps were used in 10.5 per cent. in the whole series. Fourteen per cent. in the first 65 cases. Seven per cent. in the last 165 cases. Three times in the last 65 cases.

In the earlier cases a "tenderness" to the savage criticism of that time inclined me to the use of forceps early. The much smaller percentage in the later cases resulted from an increased confidence in the safety of the procedure itself, and, possibly, a somewhat better management from increased experience. The danger from forceps is chiefly in the high and midplane applications. That the number of these cases is reduced in twilight sleep is generally conceded. The woman is not exhausted by the efforts of the first stage, and a reasonable time can be given for the moulding and the descent of the head.

In this connection it is well to remember that a large number of our cases came to us because of some serious complication in former labors. They were willing to brave even the supposed dangers of twilight sleep to avoid a repetition of a past experience. A considerable number gave a history of babies dying during delivery. No one was refused amnesia because of such complications.

The supposed necessity for the increased use of forceps has been one of the frequently urged objections to scopolamine amnesia; yet Gauss reports 7.32 per cent. as the average for Freiberg. As a comparison we find that in 20,000 deliveries in Sloane Hospital, forceps were used in 12.3 per cent., and that in private practice of Cragin (of Sloane), which more nearly includes the type of women who are receiving twilight sleep, forceps were used in 22.6 per cent. This would seem to show that the frequent use of forceps was not from the amnesia **per se,** but from faulty management somewhere.

Complications.—Heart lesions have been noted in five cases, eclampsia in three cases, breech presentations eight, twins once only. I believe none of these to be contraindications.

Dry labors have been frequent. So far as we could judge, labor in these cases was not prolonged. Of late, when for any reason, labor was induced, it was done by a simple puncture of the membranes.

Milk secretion seemed uninfluenced, except that the third day engorgement of the breasts was certainly lessened. The patient usually awakens very hungry. A full diet is given after the first day, and is eaten with a relish. There were no abscesses of the breasts while in the hospital nor in those that remained under our care.

The urine is secreted in increased amount during the sleep. In most cases it was necessary to void the urine at least once during labor. Restlessness in many cases seemed to be caused by the urinary pressure, as the patient would sleep quietly after the bladder had been emptied. We always gave this condition careful attention. Retention of urine after delivery is rare. Only one case required the postpartum use of the caterer. More or less thirst is common and water is freely given during labor.

The softened condition of the cervix, even in primiparae, is one of the surprises of the twilight method. It is rarely that the normal hard cervical ring is present with its resistance to dilation. The dilation is even and because of the comparative lack of rigidity, cervical tears are infrequent and have been noted chiefly in the forceps cases. This must certainly be an important factor in the subsequent well being of these women. We believe perineal tears are also less frequent.

Obstetric emergencies are readily taken care of under scopolamine amnesia. Not only have we been able to do this, but in addition, we frequently perform needed operations for conditions which are in no way related to obstetrics. It is my custom in my general surgery, to produce what is practically a condition of twilight sleep, as a preliminary to the general anesthetic. We are sure that it prevents shock and shortens the convalescence. In two cases, immediately following delivery, perineorrhaphy has been done for the repair of tears of previous labors. Both were successful.

No cases required restraint during labor. The patient of course remembers the first injection and generally the second. In rare cases also the third. The amount of suffering decreases after the first injection of combined pantopon and scopolamine, and the amnesia generally follows after the second injection of scopolamine alone, three-quarters of an hour later. The patient usually lies from choice on one side and the injection is made in whichever loin is uppermost. The site of the injection, is, of course, not important. In most cases, at some time during labor, there has been some restlessness. Evidences of muscular response to the uterine contractions when labor was well advanced, have been present in

most cases. The woman who remains absolutely still in the presence of hard contractions is overdosed. She should react sufficiently to "bear down" somewhat at each contraction. We must remember that the ideal condition is one of amnesia only. In this state there may be a temporary reaction to the contractions but it is promptly forgotten. The woman will obey instructions and will answer questions promptly in a distinct and clear voice. She reacts quickly to noises and the hearing seems even more acute. She is sensitive to bright lights and to noises that the subconsciousness cannot readily explain, or to anything startling or unpleasant. For example, many women, sleeping in the presence of firm uterine contractions, will become restless, or even arouse to consciousness if the covering sheet is removed and the body exposed. Great fear is a disturbing element, as it is also to a lesser degree in inhalation anesthetics. It is because this mental state differs so radically from that of inhalation anesthetics, that many who have not had the opportunity to observe properly managed cases, or who have not been able to command a proper environment, have generally overdosed the patient.

All of our cases were private patients and the majority of superior intelligence. They had all voluntarily applied for treatment, many of them after the most painstaking investigation. They were encouraged by us to see and question as many twilight mothers as possible. Most of them had been alarmed by unfavorable accounts about twilight sleep, and we were careful to overcome all fear thus engendered as much as possible. Our good control of all of our patients was no doubt due to these preliminary measures, measures that are of importance in all surgical work. We observed that the better educated, accustomed as they are to mental discipline, were easiest to control.

The ignorant woman, in a strange environment, who do not understand the object sought, who are attended by physicians unknown to them, as in the ordinary admissions to a general hospital, will no doubt show a larger percentage of delirium and necessity for restraint. That this is true in the administration of any anesthetic is well known. We do not abandon ether because this is true. Why condemn twilight because the same condition may obtain?

Of the fifteen cases we observed in a second amnesia, fourteen required less of the drug than in the first labor. In these cases the element of fear was, of course, eliminated. In from one to three hours after delivery, the woman awakes. If undisturbed, she will doze for another two to four hours. She

then awakes refreshed, and usually very hungry. There is apparently little shock, even after long and hard labors, almost no muscular soreness, and absence of physical and mental depression. Those without complications are usually out of bed on the second or third day. A comparatively complete follow-up system has shown us no reason why this should not be permitted.

All of the conditions which produce shock are present in labor. Crile has shown that scopolamine and morphine, partially, at least, block the brain from receiving these noci-stimuli, and that the inhalation anesthetics do not. I believe this absence of shock, and camparative freedom from post-partum morbidity, will yet be recognized as one of the great, if not the greatest benefit of scopolamine morphine amnesia.

The following conditions were noted with reference to the child:

Seventeen per cent. of all the babies did not cry at once at birth. There were eight cases of asphyxia.

Of those noted in the history as slow to breathe, 60 per cent. had the cord one or more times around the neck; this is too frequent to be a mere coincidence.

Babies do not generally cry as quickly as when no anesthetic is given. That this does no harm is shown by the later vigor of these children. I believe, in fact, that it is a distinct advantage, for they are saved the danger of an attempt to breathe before birth is complete. The asphyxias were probably not more frequent than in ordinary labor. All of the babies noted as slow to breathe are now alive and well. In no cases have we used violent measures of resuscitation and only very rarely artificial respiration. I believe great harm has been done and many lives lost from the use of violent measures in the resuscitation of the delicate new-born. In no other way have I been able to explain the persistent statement that babies have been weakened by scopolamine. May it not be due to ill-advised, damaging violent measures used by an inexperienced and apprehensive operator?

For a baby to be more or less blue at birth may be considered normal. It is nature's stimulus to the respiratory center. In the past it has been disregarded. The use of the term in connection with scopolamine amnesia has confused it in the lay mind with that of an entirely different condition, namely, the patency of the foramen ovale, which the laity has justly learned to fear. That this condition occurs more often in amnesia is not even contended. There was no immediate mor-

tality. One child was still born in the whole series. One child died at eight days.

Three only, in the whole series, have died up to the age of three and one-half years; one at ten months, murdered, one at eleven months, of ileocolitis, one at twenty months ,of spinal meningitis.

The mother of the child stillborn was a primipara, aged forty-six. Ten years before delivery she had had a number of fibroids dissected from the uterus, a ventrosuspension done and some work on the adnexæ. She was toxic throughout the whole of pregnancy, passed large quantities of low specific gravity urine. She was given only a partial amnesia. After fifteen hours the fetal heart-beat was strong, but there was no progress. Forceps were applied, and the head delivered, but the large shoulders prevented delivery for some time. She had had no narcophen for seven hours, and no scopolamine for three hours, before delivery. It is improbable that the child was narcotized and I believe that death was due to mechanical difficulties.

The child dying at eight days was born of a toxic mother in her third labor. Her two other children had died in delivery, neither of these were amnesic. This child was born alive, but persistently vomited all food.

A number of the living children have been premature.

The remarkably low death rate of these children, some of them now three and a half years old, may be due to a number of causes, but at least it would seem to prove that none of these babies was weakened by the amnesia. I may add that in the last Ventura County Better Babies Contest there were seven awards. Twilight babies won in every class in which they were by age eligible.

The ratio of stillbirths in the best institutions is about 5 per cent. In private homes it is much greater. Yet Gauss reports 4111 cases of twilight with a mortality of 1.6 per cent. Polak reports 400 consecutive cases of amnesia without either maternal or infant mortality, and no cases of postpartum hemorrhage. If the large series of Gauss has been equalled in any institution for ordinary deliveries, I have been unable to find the record. This must surely prove that scopolamine amnesia, properly given, cannot of itself be killing babies; but the contrary, that twilight is not only relieving the mother of most of the suffering during labor and avoiding much of the subsequent morbidity, but is actually saving the lives of babies as well.

That there should be any harmful remote result from the

Scopolamine in the child is contrary to our knowledge of the effect of any of the solonaceae. Besides, the experiments of Holzbach have shown that even the minute amount of the drug absorbed by the child is eliminated in the urine within a few hours after birth. It is absurd, and is only mentioned here because certain opponents of the method have, in their need for an objection that could not be easily contraverted, hinted at some vague calamity at some indefinite future period—an astute attempt to play the astounding love of a mother for her offspring, against her natural desire to be spared the awful suffering of childbirth.

The rumor that there is great danger to the child is persistent. To arrive at the truth, I have searched the literature carefully, but have failed to find a single series, large enough to show that the operator had mastered the technic, that showed a much higher mortality for babies than in the non-twilight cases in the same institution. If chloroform or ether should be administered by a few hundred physicians who had never seen an anesthesia, how many would get the calm, unbroken sleep now common in our best clinics? Scopolamine amnesia, a far more subtle seminarcosis, is passing through such a period now, with the additional handicap that the war has prevented many who are anxious to know the truth, from an opportunity for instruction. Yet, nowithstanding all this, no one, so far as I have been able to learn, who has used the Gauss method in a sufficient number of cases to have acquired a reasonable degree of skill, and a reasonable average to his statistics, has actually had a high death rate. Considering the persistence of rumors to the contrary, this is so remarkable as to be almost beyond belief, and means that later records from experienced operators will show a marvelously low mortality.

The following disadvantages may be noted:

1st. Its rather exacting requirements. Its best results will be in properly equipped hospitals. Quiet must be secured. This means a separate delivery room, well isolated either by position or padding; and an attendant skilled in scopolamine amnesia must be in constant attendance on each patient during the whole of the delivery and for two hours subsequently. The expense of personnel and environment will probably be considered too great for charity hospitals, and has been a reason for its abandonment in many institutions.

2d. Attempts at a fixed dosage have been only partly successful. Dosage is still a matter of individualizing the patient. Therefore it is time consuming, because the physician must

be present, or remain within call, throughout the whole amnesia.

3d. It is not generally suited for cases in which delivery is expected within two hours.

The advantages to the mother may be summarized as follows:

1st. Standard cases: (a) Heart lesions are saved the danger of muscular effort and exhaustion. (b) Border-line pelvic contractions are allowed the full test of labor with a minimum of exhaustion.

2d. The mother knows during the whole nine months of pregnancy that her crisis will be practically free from suffering. The comfort of this assurance is enormous.

3d. The cervix dilates with less trauma, and in first labors more rapidly.

4th. Relative infrequency of high forceps.

5th. Absence, or lessened severity, of after-pains.

6th. Breast engorgement less.

7th. Absence of shock postpartum; absence of muscular soreness and exhaustion; convalescence is more rapid.

Advantages for the baby are:

1st. More babies are born alive.

2d. They have a better start in life because of the better mental and physical condition of the mother, and the relative absence in the milk, of the toxines produced by prolonged suffering and physical exertion.

In civilized countries, childbirth is no longer a purely physiological process. The ruthless elimination of the unfit, as it obtains among primitive peoples, have long since ceased. The big brain, with its corresponding big case, and the highly developed nervous system required for success under modern conditions, render childbirth in this type difficult, and the individuals neither mentally nor physically able to bear it well. With scopolamine amnesia individualized to meet the varying indications, we are, in camparative safety, giving these women the highest degree of protection yet developed by obstetric science.

Incidently it is awakening both the profession and the laity to a sense of the proper dignity of obstetrics. Both are demanding better work. To meet successfully the emergencies sure to arise in any large number of deliveries, amnesic or not, will require the highest degree of skill and judgment. To acquire the technic of amnesia is a simple matter, but good results will be obtained only when it is given by men who are skilful surgeons or obstetricians, and who are using it in a proper environment.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1920. Ira Wheeler, M. D., Stockton, Cal., President; H. T. Cox, M. D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. A. Munk, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President! Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. J. F. Sheedy has moved to 51 Cross Street, Lawrence, Mass.

Dr. E. R. Petskey, Phoenix, Arizona, was in the city for a few days last month. He has a badly infected finger.

Dr. H. Michener, Wichita, Kansas, accompanied by his wife and daughters, is making a visit to California and spending a few weeks in Los Angeles.

Dr. E. P. Bailey, Long Beach, has been commissioned a major, and district inspector for California, in the order of World War Veterans. Dr. Bailey has gone to Chicago for the encampment.

Dr. Wm. Soenneken, Los Angeles after spending several weeks in the Westlake Hospital is recovering his health very rapidly.

Dr. O. C. Welbourn and Dr. Leland Welbourn are spending a vacation at the different mountain resorts in Southern California.

Dr. H. T. Cox, Los Angeles is planning to take his vacation during the months of September and October.

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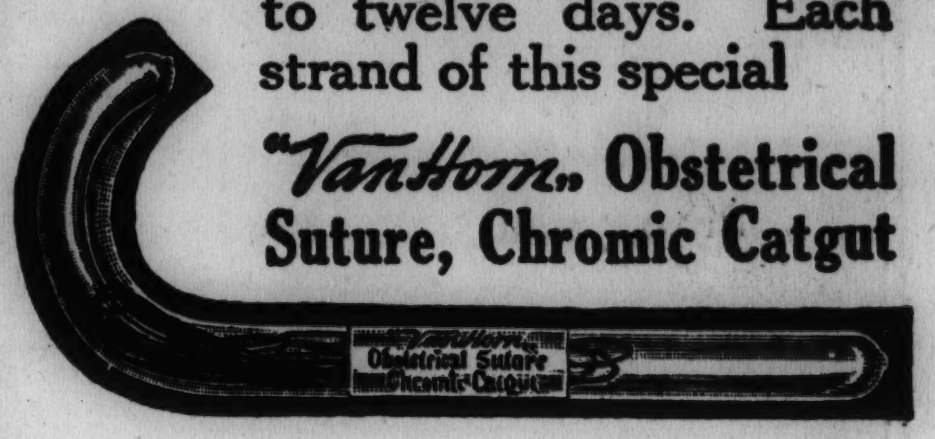

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Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio	2.00	1.80
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill	1.50	1.35
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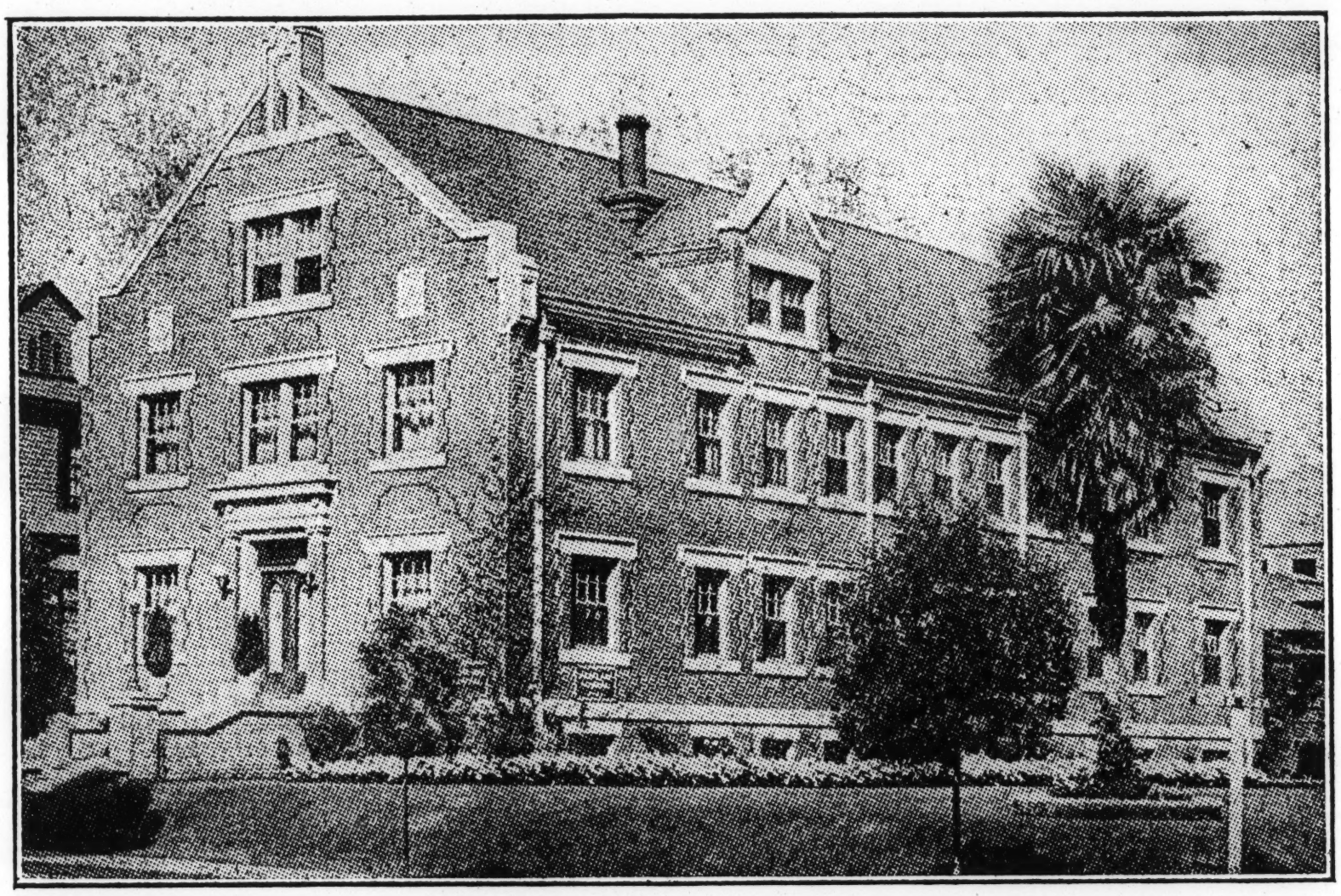

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